

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 535424

FILING DATE

5-19-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13		1				
14		2				
15		3				
16		3				
17		3				
18		1				
19		1				
20	1					
21		1				
22		1				
23		2				
24		3				
25		3				
26		3				
27		3				
28		3				
29	1					
30		1				
31		1				
32		3				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

C. Burt